



TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/719,504
		Filing Date	November 21, 2003
		First Named Inventor	Terry R. Galloway
		Group Art Unit	1745
		Examiner Name	Lewis, Ben
Total Number of Pages in This Submission		Attorney Docket Number	039592-001200
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	
		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Richard A. Dannels Reg. No. 22,654 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128		
Signature			
Date	May 25, 2006		
CERTIFICATE OF MAILING			
I hereby certify that, on the date indicated below, this paper and its attachment are being deposited with the United States Postal Service via Express Mail Label No. EQ 196 691 682 US addressed to: Box RCE, Commissioner for Trademarks, P.O. Box 1451, Alexandria, VA 22313-1451.			
5/25/06 Date	 Name: Linda Clinkenbeard		

<div style="float: left; text-align: left;"> TOIP FEE TRANSMITTAL MAY 25 2006 FOR FY 2006 <i>Patent fees are subject to annual revision.</i> </div> <div style="float: right; text-align: right;"> Application Number 10/719,504 Filing Date November 21, 2003 First Named Inventor Terry R. Galloway Examiner Name Lewis, Ben Art Unit 1745 Attorney Docket No. 039592-001200 </div>																																																																																																																																																																																																																																																																																																																																					
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METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-3557 Deposit Account Name: Nixon Peabody LLP The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																																																																			
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>24</td> <td>-20 =</td> <td>4 X 25.00 =</td> <td>100.00</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>-3 =</td> <td>0 X 0.00 =</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>X 0.00 =</td> <td>0</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1202</td><td>50</td><td>2202</td><td>25</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>200</td><td>2201</td><td>100</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>360</td><td>2203</td><td>180</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>200</td><td>2204</td><td>100</td><td>** Release independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>50</td><td>2205</td><td>25</td><td>** Release claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$100.00)</td> </tr> </tbody> </table> **or number previously paid, if greater. For Reissues, see above.						Total Claims	Extra Claims	Fee from below	Fee Paid	24	-20 =	4 X 25.00 =	100.00	Independent Claims	2	-3 =	0 X 0.00 =	Multiple Dependent		X 0.00 =	0	Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	1202	50	2202	25	Claims in excess of 20		1201	200	2201	100	Independent claims in excess of 3		1203	360	2203	180	Multiple dependent claim, if not paid		1204	200	2204	100	** Release independent claims over original patent		1205	50	2205	25	** Release claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$100.00)																																																																																																																																																																																																																																																																						
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Name (Print/Type) Richard A. Dannels		Registration No. (Attorney/Agent) 22,654		Telephone (415) 984-8200																																																																																																																																																																																																																																																																																																																																	
Signature <i>Richard A. Dannels</i>				Date May 25, 2006																																																																																																																																																																																																																																																																																																																																	

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